

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

FINANCIAL DATA SHEET

The Nassau County Board of County Commissioners, State of Florida and the Federal Government has set requirements, which establish fees based on **income** and **family size**. **PAYMENT OF FEES IS DUE AT TIME OF YOUR VISIT. NO ONE** will be denied services due to lack of funds, however, you will be expected to pay the balance and we will bill you at periodic intervals. If your income or family size changes, we may require proof of such changes.

INFORMATION OF YOUR FAMILY UNIT

Family members living in the home

<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Age</u>	<u>Relationship</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

List children in the home that use day care services and the amount you pay each week.

<u>Child(s) Name</u>	<u>Amount Paid Weekly</u>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

EARNED INCOME FOR THE FAMILY UNIT

<u>Family Member(s) Name</u>	<u>Employer</u>	<u>Monthly Income before Taxes</u>
1.		\$
2.		\$
3.		\$

UNEARNED INCOME FOR THE FAMILY UNIT

If you receive income from any of the following areas, please list the amount that you receive.

Total Child Support \$ _____ Unemployment \$ _____
 List Child(s) Name & the Amount Received Weekly Workman's Compensation \$ _____
 1. _____ \$ _____ Alimony \$ _____
 2. _____ \$ _____ Other \$ _____
 3. _____ \$ _____ Social Security \$ _____
 (Do not include Supplemental or SSI)

My signature below verifies the above information to be true to the best of my knowledge.

_____/_____/_____
9/2021